



YORK COUNTY YOUTH COMMISSION 2004 - 2005 APPLICATION



***** **APPLICATIONS EXTENDED TO APRIL 9** *****

GENERAL INFORMATION:

NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____ ZIP CODE: _____

SCHOOL ATTENDING NOW: _____

SCHOOL ATTENDING 2004-2005: _____

GRADE ENTERING SEPTEMBER, 2004: _____ COUNTY VOTING DISTRICT #: _____

CIVIC OR SERVICE ORGANIZATION EXPERIENCE: _____

ESSAY QUESTION:

Please write an essay in response to this question: *"Why do you wish to be a member of the York County Youth Commission, and what would you hope to accomplish?"*

(Essay should be typed on 8 1/2" x 11" paper, double-spaced, minimum 250 words, and should bear your full name and signature. Attach essay to this completed application form and mail or deliver so that all items are **received by Friday, April 9, 2004** at 5:00 p.m.)

LETTER OF RECOMMENDATION:

In addition to the two references below, please attach a letter of recommendation written by an adult who is familiar with your qualifications (not a parent or other relative). This should be typed, describing in 250 words or less why the author feels that you should be appointed to the Youth Commission. The letter must accompany this application and should include the author's full name, address, daytime and evening phone numbers, signature, and a brief description of his/her relationship with you, the applicant.

REFERENCES:

REFERENCE NAME	ADDRESS	PHONE

(Please complete both sides of this application)

COMMITMENT STATEMENT (Signed by Applicant and Parent/Guardian):

Appointment to the Youth Commission involves a commitment to consistent attendance at meetings and other activities. We have read the attached "Boards and Commission Information Sheet" regarding the purpose, structure, and meeting requirements of the York County Youth Commission, and are willing to accept and commit to those standards should the applicant be selected as a member of the Youth Commission.

STUDENT'S SIGNATURE: _____ DATE: _____

NAME OF PARENT OR GUARDIAN: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

Please mail this completed form, your essay, and the letter of recommendation to:

***Youth Commission
c/o York County Parks and Recreation
P. O. Box 532
Yorktown, Virginia 23690***

Applications may also be delivered to the York County Parks and Recreation Office, located in the Parks and Recreation Building, 100 County Drive, Grafton (off Goodwin Neck Road, approximately .8 of a mile from Route 17).

Applications must be received by 5:00 p.m. Friday, April 9, 2004.

Thank you for your interest in the Youth Commission!

Questions? Please call York County Parks & Recreation at 890-3500

(Please complete both sides of this application)

BOARDS AND COMMISSIONS INFORMATION SHEET

NAME: YOUTH COMMISSION

PURPOSE:

1. Serve as a liaison between the York County Board of Supervisors and the youth of York County, and represent the County through a variety of community service projects.
2. Serve as a forum for County youth to present their ideas, needs, and suggestions, and by doing so, increase community awareness of the Youth Commission and its activities.
3. Investigate needs, problems, and issues affecting York County youth through the use of surveys, studies, and forums.
4. Make recommendations regarding the addition, expansion, and discontinuation of programs provided to youth and by youth, and participate in their establishment and coordination when appropriate.
5. Increase members' knowledge of local government and provide opportunities for leadership skills development.

APPOINTED BY: York County Board of Supervisors

NO. OF MEMBERS: Up to 15 (3 appointed from each voting district)

NO. OF TERMS ABLE TO SERVE: Unlimited

AT-LARGE/DISTRICT: District – At-Large when required at discretion of York County Board of Supervisors

TEMPORARY/PERMANENT: Permanent

LENGTH OF TERM: 1 year

REGIONAL/YORK COMMITTEE: York

AUTHORIZATION: Resolution R83-79; R00-191

DATE ESTABLISHED: March 3, 1983

MEETING DATE: normally 1st Wednesday of each month during school year; except for the months of October, December, and March when normally held on the 1st Tuesday.

MEETING PLACE: Public Safety Building

DAY/NIGHT MEETING: Day, 4:30 p.m.

TIME REQUIRED BY MEMBER: 5 - 10 hours per month

SPECIAL QUALIFICATIONS: Student in grades 9 through 12; York County resident

OATH REQUIRED: No

PAY FOR MEETINGS: No

RATE:

REIMBURSABLE EXPENSES:

STAFF LIAISON: Rick Smethurst, Department of Community Services
TELEPHONE NO: 890-3503